



Louisiana Department of Health and Hospitals

BAYOU HEALTH Informational Bulletin 12-2

February 6, 2012

Issue:

CommunityCARE “ Referrals” Issued Prior to “Go Live” Date for Surgeries and Other Procedures During the 30 Day Transition Period

Amerigroup

Amerigroup will reimburse the facility for referrals that were previously received by hospitals for all Medicaid enrollees assigned to Amerigroup during the 30 day transition period. If a member requires these medically necessary covered services beginning first day of second month in each GSA, our preauthorization requirements are outlined in our Provider Handbook and we will enforce those guidelines for all providers.

Community Health Solutions

The policy of Community Health Solutions of Louisiana (CHS-LA) will be - in each GSA during the first month of transition – to honor and accept all referrals previously made for newly enrolled CHS-LA Members. This will be for the month of February for GSA A, the month of April for GSA B, and the month of June for GSA C. We will not impose any additional requirements for prior authorization and will work with the staff at each facility to ensure continuity of care for all Members who are receiving services during these month long transitions.

LaCare

LaCare will honor referrals that were previously received by [hospitals] for the first 30 days. Please fax a copy of the referral to our 866-397-4522 number, to the attention of Jonice Stewart. [Hospitals] can also call our 888-913-0350 UM line and ask for Brandi Bishop, our RN who will be entering these authorizations for them.

Louisiana Healthcare Connections

If the surgeries in question are scheduled at a participating (in network) outpatient surgical center, then no authorization is required (other than a few listed that are generally elective or cosmetic – please see prior authorization list for the details on those). This may address a large percentage of the cases in question. As you also know, any procedures that do have a prior authorization from DHH will be honored for 30 days.

United Healthcare

Although we will coordinate and review services, we intend to waive prior authorization requirements for the first 60 days. For members in the hospital setting, we will perform utilization review and apply medically necessary criteria immediately.